

JUL 20, 2012 8:39AM

OAKLAND PRIMARY CARE

NO. 354 P. 1

**Oakland Primary Care  
27450 Schoenherr Rd, Suite 400  
Warren, MI 48088**

PatientID: P548132

Patient Name: PAUL ANTHONY DARRAH

Date of Birth: 06/24/1964

Date of Service: 07/17/2012

July 17, 2012

Paul Anthony Darrah  
21655 23 Mile Rd  
Macomb, MI 48042

To Whom it May Concern:

Mr. Paul Darrah of the above address has been a patient at our clinic of Oakland Primary Care for over 12 years and has followed various physicians through his time here at this clinic. I have been able to be his care taker over the previous 18-19 months. During his time most of his chronic conditions have been stabilized. He does have a significant past medical history and some of his medical care does necessitate care. For a complete history on his medical care and the most up to date and pertinent levels of his health, I would refer you to my note for his well visit on July 10th, 2012.

In regards to his tracheotomy care, I would defer questions of that nature to be forwarded to the Ear, Nose, and Throat specialist Dr. Warren Brandes. It is essential to ensure that the tracheotomy remains clean as it is a portal that can facilitate infection into the lungs easily. As I am not the physician that fully monitors his tracheotomy, my largest concern with his care is to have his blood work monitored so that the dosage of his coumadin is correct. If this is stable, the minimum blood draws should be at least once every 3-4 weeks. If it is unstable, it may require 2 blood draws a week. Also, coumadin puts him at risk for hemorrhage if he were involved in any altercation.

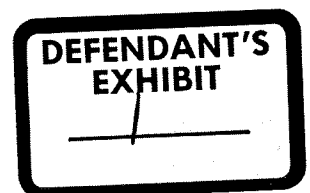
As you mentioned in your letter, this is indeed my final day as a physician at this clinic. I have graduated my residency as of today. However, with Mr. Darrah's care at this clinic, many physicians will be available to help with any further questions you may have or need to ask. Also, they will be able to contact me if they have any further questions regarding Mr. Darrah's health. I hope that this letter helps to determine the care that Mr. Darrah needs to maintain his health. Any further questions feel free to contact us at (586) 582-7550.

Sincerely,

Nicholas Defauw DO 55

Electronically Signed by: Nicholas Defauw DO on Tuesday, July 17, 2012 at 07:55 pm

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PatientID: P548132

Patient Name: PAUL ANTHONY DARRAH

Date of Birth: 06/24/1964

Date of Service: 07/10/2012

July 10, 2012 603 pm

Today's Pain level 6/10

**CURRENT ALLERGY LIST:**

NO KNOWN DRUG ALLERGY

**CURRENT MEDICATION LIST:**

LEFT KAFO, Left KAFO

DIABETIC FOOTWEAR WITH INSERT, Disp: Shoes/boots for patient diabetic footwear and include inserts.

Diagnosis: type 2 Diabetes

NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, DISSOLVE 1 TABLET UNDER THE TONGUE AS NEEDED FOR CHEST PAIN.

FUROSEMIDE ORAL TABLET 40 MG, 1 PO BID

LORATADINE ORAL TABLET 10 MG, TAKE 1 TABLET DAILY.

VICODIN ES ORAL TABLET 7.5-750 MG, TAKE 1 TABLET EVERY 4 TO 6 HOURS AS DIRECTED.

MORPHINE SULFATE CR ORAL TABLET 12 HR 60 MG, TAKE 1 TABLET 3 TIMES DAILY UNTIL GONE.

LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML, Inject 20 Units subcutaneously QHS

SIMVASTATIN ORAL TABLET 40 MG, TAKE 1 TABLET DAILY AT BEDTIME.

ZETIA ORAL TABLET 10 MG, TAKE 1 TABLET AT BEDTIME.

BD INSULIN SYRINGE ULTRAFINE MISCELLANEOUS 31G X 5/16" 1 ML, USE AS DIRECTED.

OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG, TAKE 1 CAPSULE DAILY EVERY MORNING BEFORE BREAKFAST.

ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083%, USE 1 UNIT DOSE IN NEBULIZER EVERY 4 TO 6 HOURS AS NEEDED.

BENAZEPRIL HCL ORAL TABLET 40 MG, TAKE 1 TABLET DAILY.

COUMADIN ORAL TABLET 5 MG, TAKE 1 TABLET DAILY.

METFORMIN HCL ORAL TABLET 1000 MG, TAKE 1 TABLET TWICE DAILY.

METOPROLOL TARTRATE ORAL TABLET 100 MG, TAKE 1 TABLET TWICE DAILY.

VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED.

SEROQUEL ORAL TABLET 25 MG, TAKE 3 TO 4 TABLETS AT BEDTIME.

**CURRENT PROBLEM LIST:**

DERMATOPHYTOSIS OF NAIL

NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER AND BILIAR

DIABETES MELLITUS TYPE II

DIABETES WITH MANIFESTATIONS OTHER TYPE II

DISTURBANCES OF SULPHUR-BEARING AMINO-ACID METABOL

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OAKLAND PRIMARY CARE

NO. 354 P. 3

**Oakland Primary Care**  
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*Using  
metoprolol*

PatientID: P548132

Patient Name: PAUL ANTHONY DARRAH

Date of Birth: 06/24/1964

Date of Service: 07/10/2012

OTHER AND UNSPECIFIED HYPERLIPIDEMIA  
 OTHER SPECIFIED ANEMIAS  
 OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC  
 OTHER CHRONIC PAIN  
 BENIGN ESSENTIAL HYPERTENSION  
 OTHER AND UNSPECIFIED ANGINA PECTORIS  
 ACUTE UPPER RESPIRATORY INFECTION  
 ACUTE BRONCHITIS  
 ALLERGIC RHINITIS CAUSE UNSPECIFIED  
 TRACHEOSTOMY COMPLICATION UNSPECIFIED  
 REFLUX ESOPHAGITIS  
 INGROWING NAIL  
 TRAUMATIC ARTHROPATHY INVOLVING SHOULDER REGION  
 MUSCLE WEAKNESS  
 OTHER MALAISE AND FATIGUE  
 DISTURBANCE OF SKIN SENSATION  
 HEMOPTYSIS  
 ABDOMINAL PAIN RIGHT UPPER QUADRANT  
 COMPLETED BY: Nicholas Defauw Do

HISTORY OF PRESENT ILLNESS: 48 year old WM presents for a well visit. He has a significant past medical history as indicated below: He notes that he feels he might need an antibiotic at this time due to having increased congestion over the past week. He has some green phlegm production and did notice a fever two days ago and was feeling a little fatigued and under the weather and has noted some increased use of his home O2.

He has a history of High Blood pressure, High cholesterol and a coagulation genetic mutation. He denies any chest pain, Headaches, Bloody noses, blood in his stool. He was on Vytorin 10/40 mg QHS, but has been switched to simvastatin 40 mg QHS and Zetia 10 mg, but states that the Zetia is not covered. He also is on Coumadin 5 mg Daily.

PMH: HTN, Chronic Shoulder pain secondary to traumatic labral tears (poor surgical candidate), GERD, Type II DM, Severe OSA, COPD, MTHFR gene mutation (requiring lifelong coumadin) with previous PE's and DVT's, hx of WPW, previous stroke's secondary to the severe OSA, Chronic bronchitis, History of a liver hemangioma

PSurgHx: Tracheotomy (permanent), UPPP, sinus surgeries, appendectomy (12.5 inch long when removed), Left knee meniscal repair.

FamHx:

Dad - HTN, DM, COPD, WPW - deceased

Mom - is 90 years old, grandma is 106 and still alive and has the most spunk out of everyone and is driving his mom and aunts to doctor's appointments and such.

Brother - HTN, DM, starting to have declining health.

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Patient Name: PAUL ANTHONY DARRAH

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Niece - MTHFR mutation

SocHx: Former smoker, No tobacco, ETOH, or illicit. Lives at home with his 13 almost 14 year old son and girlfriend of 15 years. Has 5 brothers and one sister

Last pneumococcal vaccine - within 5 years - patient believes to be 3-4 years ago

Last tetanus - within last 10 years patient believes

Last colon - 10-28-10 - Left diverticulosis, internal hemorrhoids - rec'd repeat in 10 years and increased fiber and anusol prn for hemorrhoids.

Last EGD - 10/28/10 - small hiatal hernia, no H. pylori

Heart cath - 7/20/10 - Normal LV function, EF 55%, no significant epicardial CAD

Allergy: NKDA

Meds:

Metoprolol 50 mg BID - Questioned a refill of 100 mg BID and states he has been taking 100 mg Daily instead.

Benazepril 40 mg Daily

Lasix 40 mg BID - Takes sporadically cause he forgets. As he takes all his medications at night.

Simvastatin 40 mg QHS

Metformin 1,000 mg BID

Lantus 25 Units QAM

Vicodin ES TID

Morphine 60 mg TID

Coumadin 5 mg Daily

Omeprazole 20 mg Daily

Seroquel 75 mg QHS

Nitrostat prn

Duoneb prn

Albuterol prn

**REVIEW OF SYSTEMS:**

Patient denies all symptoms in all systems except for HPI.

**VITALS REVIEWED.**

Problem lists, medications, allergies, treatments, surgeries, and immunizations have been reviewed and updated in the chart as of today's visit as noted above.

**PHYSICAL EXAM:**

**CONSTITUTIONAL:**

GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

HEAD/FACE: Sinuses are not tender, red or swollen.

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Date of Birth: 06/24/1964

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EYES: Lids are normal without ptosis, edema, ectropion or entropion. Conjunctivae are normal and without inflammation, injection, hemorrhages or exudates. Pupils are equal, round and react to light (direct and consensual) and accommodation.

EARS, NOSE, MOUTH AND THROAT:

EXTERNAL EARS AND NOSE: External ear exam normal with no scars, lesions or masses.  
External nose exam normal with no scars, lesions or masses.

EARS: Tympanic membranes shiny without retraction. Canals unremarkable. Hearing grossly normal.

NOSE: No abnormality of the nose noted. The septum is normal and midline. **Turbinates pale bilaterally.**

ORAL: Inspection of the lips, gums, and teeth is normal. Normal oral cavity and oropharynx.

RESPIRATORY: Normal respiratory effort. **Rhonchi heard posteriorly in apices of both lungs.**

CARDIOVASCULAR:

PALPATION & AUSCULTATION: Regular rate and rhythm. No gallop. No pericardial sounds noted.

EDEMA/VARICOSITIES OF EXTREMITIES: **1+ pitting edema below the knees.**

GASTROINTESTINAL:

ABDOMEN: No hernias. No masses. No tenderness.

LIVER/KIDNEY/SPLEEN: Liver is smooth, firm, and nontender. No hepatomegaly or pulsations noted. No splenomegaly or tenderness.

HERNIA: No obvious hernias.

GENTOURINARY:

TESTES: Descended bilaterally without masses.

PHALLUS: The phallus is within normal limits. No lesion or discharge noted. The meatus is normal in size and position.

SCROTUM: Scrotum is normal in appearance with no cysts, rashes, abnormal pigmentations, or lesions.

PROSTATE: Gland is smooth, soft, non tender, symmetrical without nodules and is of normal size. The median sulcus is normal. The lateral borders are well demarcated.

LYMPHATICS: No supraclavicular lymphadenopathy noted, **multiple enlarged lymph nodes noted in the posterior cervical chains bilaterally.**

MUSCULOSKELETAL EXAM: MS 5/5 on entire right side. biceps on left is 5/5, abduction is 3+/5, adduction is 4/5.

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

ASSESSMENT/PLAN:

270.4-DISTURBANCES OF SULPHUR-BEARING AMINO-ACID METABOL Will draw PT/INR to assess coumadin levels. Advised to watch for signs of PE and DVT and hemorrhage. Will follow.

272.4-OTHER AND UNSPECIFIED HYPERLIPIDEMIA Will draw a cholesterol panel and see how his  
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cholesterol is doing without the Zetia. Will follow.

401.1-BENIGN ESSENTIAL HYPERTENSION Will draw lytes, BUN/Cr for assessment. Will also prescribe Metoprolol succinate 100 mg Daily as it is the long acting and patient states he has difficulties remembering his lasix because he takes it in the morning so he doesn't urinate all night. Advised patient that with his leg swelling he should take the lasix. His BP is well controlled currently.

466.0-ACUTE BRONCHITIS Will prescribe Doxycycline 100 mg BID as patient is high risk. Advised him to watch for signs of further infection.

V70.0-GENERAL MEDICAL EXAMINATION Anticipatory Guidance covered. Patient isn't due for tetanus, pneumonia or colonoscopy at this time. Advised to follow up on his other chronic conditions.

RETURN VISIT INSTRUCTIONS: Return in one month. follow up DM and HTN with Dr. Angrish and to renew his pain contract with Dr. Angrish (I will refill his pain meds next week on 7/17/12)

Nicholas DeFauw DO

**TEACHING PHYSICIAN NOTE**

I have reviewed the Subjective, Objective, Assessment and Plan with Nicholas Defauw Do during the office visit.

Electronically Signed by: Jason Soffa DO on Thursday, July 12, 2012 at 10:41 am

\*\*\* Addendum - 07/16/2012 10:31 am

labs reviewed and letter sent to patient. INR will be redrawn as recommended to patient's girlfriend. Lipid at goal, lytes bun/cr wnl. INr to be redrawn and if still low will provide increase in coumadin dose.

<u>Service Date</u>	<u>Test Name</u>	<u>Result Value</u>	<u>Reference Range</u>
07/10/2012	CREATININE	0.93 mg/dL	0.70 - 1.50
	UREA NITROGEN/CREATININE RATIO	22.6	12.0 - 20.0
	GFR, CALCULATED	> 60	60 - 130
	GFR,AF AM	> 60	60 - 130
07/10/2012	BUN		
	UREA NITROGEN	21 mg/dL	8 - 20

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NO. 355 P. 6

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Date of Birth: 06/24/1964

Date of Service: 07/10/2012

07/10/2012	LIPID PANEL		
	CHOLESTEROL, TOTAL	165 mg/dL	140 - 199
	TRIGLYCERIDE	236 mg/dL	30 - 149
	NON-HDL CHOLEST	119 mg/dL	0 - 129
	HDL CHOLESTEROL	46 mg/dL	40 - 75
	LDL-calculated	72 mg/dL	60 - 99
	SERUM TURBIDITY	CLEAR	CLEAR
07/10/2012	ELECTROLYTES		
	SODIUM	144 mmol/L	135 - 145
	POTASSIUM	3.9 mmol/L	3.5 - 5.2
	CHLORIDE	105 mmol/L	98 - 109
	ANION GAP	11 mmol/L	4 - 14
	CO2 CONTENT	28 mmol/L	23 - 34
07/10/2012	PROTIME GROUP		
	PROTHROMBIN TIME	13.9 sec	12.2 - 14.6
	INT NORM RATIO	1.07	

Electronically Signed by: Nicholas Defauw DO on Monday, July 16, 2012

07/10/2012